

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

C Name of organization ENDING SPENDING, INC.		D Employer identification number 27-2189012	
E Telephone number 813-254-3369		F Name and address of principal officer: BRIAN BAKER 610 S. BOULEVARD TAMPA, FL 33606	
G Gross receipts 1,000,000		H (a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (c) Group exemption number <input type="checkbox"/>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) <input type="checkbox"/> 4947(a)(1) or 527		J Website: HTTP://ENDINGSPENDING.COM/	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>			
L Year of formation: 2010 M State of legal domicile: VA			

1 Briefly describe the organization's mission or most significant activities: ENDING SPENDING PROMOTES PUBLIC POLICIES AND FISCAL DISCIPLINE	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a) 1	
4 Number of independent voting members of the governing body (Part VI, line 1b) 1	
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 2	
6 Total number of volunteers (estimate if necessary) 0	
7 a Total unrelated business revenue from Part VIII, column (C), line 12 0	
b Net unrelated business taxable income from Form 990-T, line 34 0	
8 Contributions and grants (Part VIII, line 1h) 11,125,000	
9 Program service revenue (Part VIII, line 2g) 0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,125,000	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,568,501	
14 Benefits paid to or for members (Part IX, column (A), line 4) 0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,056,953	
16 a Professional fundraising fees (Part IX, column (A), line 11e) 0	
b Total fundraising expenses (Part IX, column (D), line 25) 0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-124e) 2,234,666	
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 5,426,619	
19 Revenue less expenses - Subtract line 18 from line 12 <4,426,619>	
20 Total assets (Part X, line 16) 5,923,811	
21 Total liabilities (Part X, line 26) 0	
22 Net assets or fund balances - Subtract line 21 from line 20 5,923,811	

Part II Signature Block	
Signature of officer NANCY H. WATKINS, TREASURER Date 11/9/18	Print/type preparer's name ROBERT I. WATKINS, CPA Preparer's signature Date 11/9/18
Sign Here	Paid Preparer Firm's name: ROBERT WATKINS & COMPANY, P.A. Firm's address: 610 S. BOULEVARD TAMPA, FL 33606 Phone no. 813-254-3369
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2017)

4e	Total program service expenses	1,925,769.	(Expenses \$)	(Revenue \$)	
4d	Other program services (Describe in Schedule O.)				
4c	(Code:) (Expenses \$)	including grants of \$	(Revenue \$)		
4b	(Code:) (Expenses \$)	including grants of \$	(Revenue \$)		
4a	(Code:) (Expenses \$)	including grants of \$	(Revenue \$)		
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
3	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?				
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?				
1	Briefly describe the organization's mission:				
1	ENDING SPENDING PROMOTES PUBLIC POLICIES, INCREASES GOVERNMENT TRANSPARENCY AND ACCOUNTABILITY, AND PROMOTES FISCAL DISCIPLINE.				
1	Check if Schedule O contains a response or note to any line in this Part III				
1	Check if Schedule O contains a response or note to any line in this Part III				
1	Check if Schedule O contains a response or note to any line in this Part III				

Part III Statement of Program Service Accomplishments

ENDING SPENDING, INC.

Form 990 (2017)

Form 990 (2017)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b	Did the organization report an amount for investments, other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c	Did the organization report an amount for investments, program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then complete Schedule D, Parts XI and XII as optional.	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to foreign organizations? If "Yes," complete Schedule F, Parts II and IV.	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 16? If "Yes," complete Schedule G, Part I.	17	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X

Part IV Checklist of Required Schedules

ENDING SPENDING, INC.

27-2189012

Page 3

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28a	X
a	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28b	X
b	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c	X
30	Did the organization liquidate, terminate, or dissolve and cease operations?	29	X
31	If "Yes," complete Schedule N, Part I	30	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	X
Note. All Form 990 filers are required to complete Schedule O		38	X

Form 990 (2017)

<input type="checkbox"/> Check if Schedule O contains a response or note to any line in this Part V		Part V Statements Regarding Other IRS Filings and Tax Compliance		Form 990 (2017)
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	4a	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	5a	X	
b	If "Yes," enter the name of the foreign country: 	5b	X	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5c		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a	X	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	7a		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7d		
d	If "Yes," indicate the number of Forms 8822 filed during the year	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?	7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a		
9	Sponsoring organizations making distributions under section 4966?	9b		
a	Did the sponsoring organization make any taxable distributions under section 4966?	10a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b		
10	Section 501(c)(7) organizations. Enter:	11a		
a	Initiation fees and capital contributions included on Part VIII, line 12	11b		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a		
11	Section 501(c)(12) organizations. Enter:	12b		
a	Gross income from members or shareholders	13a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14b		
a	Is the organization licensed to issue qualified health plans in more than one state?	14c		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14d		
c	Enter the amount of reserves on hand	14e		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14f		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14g		

610 S. BOULEVARD, TAMPA, FL 33606

ROBERT WATKINS & COMPANY, P.A. - 813-254-3369

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

18 Section 501(c)(3) requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

NONE

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶	NONE
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a <input type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b <input type="checkbox"/>
15	Did the organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	15 <input type="checkbox"/>
14	Did the organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	14 <input type="checkbox"/>
13	Did the organization have a written whistleblower policy?	13 <input type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a <input type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b <input type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c <input type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a <input type="checkbox"/>
b	Did the organization have local chapters, branches, or affiliates?	10a <input type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b <input type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 <input type="checkbox"/>
8	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	8a <input type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8b <input type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a <input type="checkbox"/>
6	Did the organization have members or stockholders?	6 <input type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 <input type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 <input type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 <input type="checkbox"/>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 <input type="checkbox"/>
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1

Section A. Governing Body and Management

Check if Schedule O contains a response or note to any line in this Part VI ☒

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Page 6 27-2189012 ENDING SPENDING, INC.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (1st any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and related organizations
(1) J. JOE RICKETTS	1.00	Individual trustee or director		0.	0.
CHAIRMAN OF THE BOARD	0.10	X		0.	0.
(2) BRIAN C. BAKER	50.00	X			
PRESIDENT, GENERAL COUNSEL	2.00	X	2,895,921.	0.	36,969.
(3) NANCY H. WATKINS	2.00	X		0.	0.
TREASURER	1.00		0.		

(A) Name and business address	(B) Description of services	(C) Compensation
MENZER MEDIA SERVICES, INC., 210 W. PENNSYLVANIA AVE, STE 250, TOWSON, MD	MEDIA EXPENSE/PLACEMENT	1,056,000.
DDC ADVOCACY, LLC DBA DDC PUBLIC AFFAIRS, 805 15TH STREET NW, SUITE 300, WASHINGTON, MAIL/TELEMARKETING	DIRECT	106,327.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2		

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Section B. Independent Contractors

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X
			Yes	No

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

[illegible]

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

[illegible]

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	135,000.	135,000.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
---	--	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Form 990 (2017)

<input type="checkbox"/> Check if Schedule O contains a response or note to any line in this Part X				
Part X Balance Sheet				
ENDING SPENDING, INC.				
27-2189012 Page 11				
Form 990 (2017)				
Assets				
1	Cash - non-interest bearing	4,880,589.	1	622,182.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr. Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other base. Complete Part VI of Schedule O		10a	
b	Less: accumulated depreciation		10b	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	1,043,222.	14	875,010.
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,923,811.	16	1,497,192.
Liabilities				
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances				
27	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		27	
28	Unrestricted net assets		28	
29	Temporarily restricted net assets		29	
30	Capital stock or trust principal, or current funds	0.	30	0.
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
32	Retained earnings, endowment, accumulated income, or other funds	5,923,811.	32	1,497,192.
33	Total net assets or fund balances	5,923,811.	33	1,497,192.
34	Total liabilities and net assets/fund balances	5,923,811.	34	1,497,192.

(A) Beginning of year

(B) End of year

Form 990 (2017)

1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		2b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		2c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part XII Financial Statements and Reporting

10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	1,497,192.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
8	Prior period adjustments	8	
7	Investment expenses	7	
6	Donated services and use of facilities	6	
5	Net unrealized gains (losses) on investments	5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,923,811.
3	Revenue less expenses. Subtract line 2 from line 1	3	<4,426,619.>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,426,619.
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,000,000.

Part XI Reconciliation of Net Assets

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

CAMB No. 1545-0047

2017

Name of the organization

Organization type (check one):

Filers of:

Form 990 or 990-EZ

☒ 501(c)(4) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 15a, or 15b, and that received from any one contributor, during the year, total contributions of the greater of (i) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

ENDING SPENDING, INC.

27-2189012

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

1	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution (Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
2	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions \$ 250,000.	(d) Type of contribution (Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
3	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions \$ 500,000.	(d) Type of contribution (Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution (Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution (Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution (Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization

ENDING SPENDING, INC.

Employer identification number

27-2189012

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) \$

Use duplicate copies of Part III if additional space is needed.

[illegible]

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	ENDING SPENDING, INC.
Employer identification number	27-2189012

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2	Political campaign activity expenditures	\$ 1,299,167.
3	Volunteer hours for political campaign activities	0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4a	Was a correction made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$ 1,299,167.
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$ 0.
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$ 1,299,167.
4	Did the filing organization file Form 1120-POL for this year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Lobbying Expenditures During 4-Year Averaging Period

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

reporting section 4911 tax for this year?

! If there is an amount other than zero on either line 1i or line 1j, did the organization file Form 4720

! Subtract line 11 from line 1c. If zero or less, enter 0.

h Subtract line 1g from line 1a. If zero or less, enter 0.

g Grassroots nontaxable amount (enter 25% of line 11)

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

1 Lobbying nontaxable amount. Enter the amount from the following table in both columns.

e Total exempt purpose expenditures (add lines 1c and 1d)

d Other exempt purposes expenditures

c Total lobbying expenditures (add lines 1a and 1b)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

Table 1. Total lobbying expenditures to influence public opinion (grass roots lobbying)

(The term "expenditures" means amounts paid or incurred.)

Limits on Lobbying Expenditures

(a) Filing organization's

Stratified group	totals
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

expenses, and share of excess lobbying expenditures).

☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

section 501(h)).

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)	(b)
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	Amount
a Volunteers?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
c Media advertisements?		
d Mailings to members, legislators, or the public?		
e Publications, or published or broadcast statements?		
f Grants to other organizations for lobbying purposes?		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activities?		
1a Total. Add lines 1c through 1i		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1 Were substantially all (90% or more) dues received nondeductible by members?	Yes	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

	1	2a	2b	2c	3	4	5
1 Dues, assessments and similar amounts from members							
2 Section 152(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).							
a Current year							
b Carryover from last year							
c Total							
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 152(e) dues							
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?							
5 Taxable amount of lobbying and political expenditures (see instructions)							

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental information

ENDING SPENDING'S PRIMARY PURPOSE IN 2017 CONTINUED TO BE ON ITS

NON-PARTISAN EDUCATIONAL AND ADVOCACY WORK FOCUSED ON THE DANGERS OF

THE NATION'S DEBT, ENDING SPENDING UNDERLOOK LIMITED INDIRECT AND

DIRECT POLITICAL ACTIVITY IN 2017, INCLUDING: (1) SPONSORING VOTER

EDUCATIONAL MESSAGES OF BOTH A POLICY AND POLITICAL NATURE (2)

FEDERAL CANDIDATES.

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

CMB No. 1545-0047
2017
Open to Public
Inspection

Name of the organization

ENDING SPENDING, INC.

Employer identification number
27-2189012

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN POLICY COALITION P.O. BOX 75650 WASHINGTON, DC 20013	45-3213088	501(C)(4)	25,000.	0.			GENERAL SUPPORT
INSTITUTE OF THE STUDY OF WAR 1400 16TH STREET NW, SUITE 515 WASHINGTON, DC 20036	26-0273675	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIONAL RIPLE ASSOCIATION INSTITUTE FOR LEGISLATIVE ACTION 11250 WAPLES MILL ROAD FAIRFAX, VA 22030	53-0116130	501(C)(4)	50,000.	0.			GENERAL SUPPORT
REPUBLICAN ATTORNEYS GENERAL ASSOCIATION - 1747 PENNSYLVANIA AVE NW, SUITE 800 - WASHINGTON, DC 20006	46-4501717	527	25,000.	0.			GENERAL SUPPORT
REPUBLICAN JEWISH COALITION 50 F STREET NW, SUITE 100 WASHINGTON, DC 20001	52-1136172	501(C)(4)	25,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**

3 Enter total number of other organizations listed in the line 1 table **4.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ENDING SPENDING, INC.

Part I Questions Regarding Compensation

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection
Employer identification number
27-2189012

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

- 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
a The organization?
b Any related organization?

- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
a The organization?
b Any related organization?

- 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

- 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

- 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2017

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19:

THEN DOCUMENTED IN THE RESPECTIVE EMPLOYMENT AGREEMENTS.

NEGOTIATED AT ARM'S LENGTH. THE AGREED UPON COMPENSATION ARRANGEMENTS WERE

DIRECTORS. THE COMPENSATION WAS DETERMINED USING COMPARABILITY DATA AND WAS

REVIEWED AND APPROVED BY THE INDEPENDENT, NON-INTERESTED BOARD OF

COMPENSATION PAID TO OFFICERS/KEY EMPLOYEES OF THE ORGANIZATION WAS

FORM 990, PART VI, SECTION B, LINE 15:

BRING IN OUTSIDE EXPERTS TO ACT IN AN ADVISORY CAPACITY.

THE ORGANIZATION CONDUCTS PERIODIC REVIEWS TO ENSURE COMPLIANCE AND CAN

FORM 990, PART VI, SECTION B, LINE 12C:

NO SUCH REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S GOALS.

MEDIA, AND WORKED TO ORGANIZE THE GRASSROOTS TO ACHIEVE THE

ENDING SPENDING ALSO USED MASS MEDIA ADVERTISEMENTS, SOUGHT EARNED

SHOWING HOW MEMBERS OF CONGRESS VOTED ON VARIOUS SPENDING PROVISIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENDING SPENDING, INC.

Name of the organization

Department of the Treasury
Internal Revenue Service

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public
Inspection

2017

OMB No. 1545-0047

Employer identification number
27-2189012

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						
(3)						
(4)						
(5)						
(6)						

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ENDING SPENDING, INC.	27-2189012
File by the filing year due date for return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	610 S. BOULEVARD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	TAMPA, FL 33606	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For
Form 990 or Form 990-EZ	01	Form 990-T (corporation)
Form 990-BL	02	Form 1041-A
Form 4720 (individual)	03	Form 4720 (other than individual)
Form 990-PF	04	Form 5227
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069
Form 990-T (trust other than above)	06	Form 8870

- The books are in the care of **610 S. BOULEVARD - TAMPA, FL 33606**
- Telephone No. **813-254-3369** Fax No. **813-253-3280**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box ☐
- If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year **2017** or
☐ tax year beginning
☐ Change in accounting period

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Cautions: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.